

**CMRI's Asian American and Pacific Islander
Medicare Mammography Brochure
Focus Group Report**

**Prepared by
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I. EXECUTIVE SUMMARY

The AAPI mammography brochures were created in response to concerns that while Asian American women were facing increasing cancer risk, there are many myths and language and cultural barriers that result in relatively fewer AAPI women from having an annual mammogram. This may be even truer among elder women over the age of 65, despite the fact that Medicare covers an annual mammogram. The focus groups conducted for the CMRI brochures were an opportunity to learn more about AAPI women's preference in regard to mammography and learn more about the key messages that would serve as an effective "call to action" in obtaining their necessary health care.

All stages of the focus groups brochure development represented a collaborative effort between the three agencies that were contracted to conduct the focus groups and assist in the development of the key messages and brochures. While the groups varied a bit in some of their preferences, the following themes emerged overall:

The elder women responded to the words and images about family and community. Women wanted to have the message reflect their concerns about their families and communities. Furthermore, many groups commented that they wanted multigenerational photographs, and wanted photos of men, to either show that the issue affects families, not just individuals, and that men were at risk for breast cancer too.

The elder women said the images and colors in the brochures should be bright, colorful and friendly. While a few focus group participants said the brochure should be frightening, most wanted bright colors. They liked the brochures with flowers. They also said they preferred photographs of people, with drawings illustrating how a mammogram is performed.

Different colors represent different meanings. Unlike Western culture, there is no universally acceptable color to Asian cultures. While red means health, happiness and prosperity in some cultures, it represents death in other cultures. Other colors such as purple can also represent death. These issues should always be discussed and verified with a number of community representatives.

The elder women wanted information on local referral networks. Nearly all the groups wanted information or a phone number where they could get information on a local provider or network to get a mammogram.

The elder women wanted AAPI statistics. The elder women liked the idea of having more specific statistics on AAPI elder women's risk for breast cancer.

The community partners that conducted English speaking focus groups, and the community partners whose languages were not addressed continually offered their interest in the project, and in seeing similar materials being developed and offered to their communities in the future.

II. PURPOSE

History of the Project

As part of the Multi-city Mammography Project a project to increase utilization among African-American and Hispanic elder women (age 65 and older) for the Health Care Financing Administration, CMRI developed materials promoting the Medicare mammography benefits to elderly African American and Hispanic women in California. While these campaigns had been very successful, at a conference in September 1997, there were concerns raised that CMRI's outreach efforts were not targeting or reaching Asian Pacific Islander American women.

Traditionally, it was assumed that AAPI women were not at risk for breast cancer. And, in general, in Asian countries, Asian women do enjoy lower cancer rates than women in the US. However, recent studies have indicated that the situation may change after Asian women live in the US for a number of years, and the risk for cancer may increase after several generations in the US. Among Pacific Islander women, there have been higher cancer rates. Furthermore, recent studies indicate that cancer rates may be going down for many groups, they are actually increasing for AAPI women. There could be no doubt that the myth of lower risk could result in elder AAPI women foregoing mammograms when they needed them. As a result, CMRI staff began consulting with the National Asian Pacific Center on Aging (NAPCA) to explore on some possible options for a Medicare mammography campaign for elder AAPI women.

Through its contacts with NAPCA, CMRI began working with Partnered for Progress' AAPI Task Force. The Task Force is comprised of community outreach and health specialists from different Asian Pacific Islander American (AAPI) community based organizations throughout Los Angeles County. The goal or mission of the group is to improve the health of AAPI women and increase the utilization of mammograms. The group meets on a monthly basis, to discuss outreach strategies and issues, and work together to advocate for AAPI women. After months of discussion between CMRI staff and PFP AAPI Task Force members, the group began discussing developing proposal to translate, test and adapt Chinese, Tagalog, and Vietnamese materials languages as the first AAPI materials in CMRI's "Get a Mammogram" campaign.

In addition to the translated materials, the Task Force recommended developing an English-language version to reach English-speaking AAPI elderly women, but with culturally appropriate images and text to better reach and serve elderly AAPI women. The English-language version would also be used to reassure providers who may not speak Chinese, Tagalog, or Vietnamese by providing information about the content and appropriateness of the brochure text, so that they would feel comfortable displaying any or all of the brochures as needed.

PALS, PFP and NAPCA agreed to begin working with CMRI to develop a proposal that would translate the materials, with the AAPI Task Force consulting on the tasks proposed. While the AAPI Task Force warmly regarded the proposal to translate CMRI's existing mammography materials, they gave several recommendations to PALS/PFP/NAPCA on improvements. For example, the group cautioned that translating the materials would not ensure that they would be effective in Chinese, Tagalog, Vietnamese, or even in English. Without further testing, discussion and if necessary, revisions, the materials might not be effective. Therefore, a major effort to conduct focus groups with elder women was included in the proposal to address these issues.

CMRI recommended that PALS/PFP/NAPCA also conduct focus groups with health care providers to ensure that their concerns were also addressed in the development of materials. However, health care provider was defined as only medical doctors. Health care providers was loosely defined as anyone involved in the health care field, which can be physicians, nurses, health outreach workers, or community leaders within the Chinese, Filipino, or Vietnamese community. PALS/PFP/NAPCA is using the opportunity of testing the materials with providers to determine what their perceptions are regarding the risk of breast cancer among elderly Chinese, Filipina, and Vietnamese elderly women, and their comfort level in discussing the issue with patients and/or clients.

The following report provides a summary of the focus groups conducted by seven subcontractors, all of whom have a strong record of working with AAPI elder women and providers in their communities.

III. PROCEDURES

Materials Analysis, Focus Group Moderator Protocols and Training

This translation effort will result in the first brochures promoting the Medicare mammography benefits specifically targeting Chinese, Filipino, Vietnamese, and English-speaking AAPI elderly women. However, there are other organizations who has developed collateral materials promoting breast health, including breast self-exam, mammogram, and treatment options for Chinese, Filipina, and Vietnamese women. PALS/PFP/NAPCA subcontracted with Marjorie Kagawa-Singer, Ph.D., and Assistant Professor in the School of Public Health at the University of California, Los Angeles. Her scope of work included material analysis of published mammography materials, training focus group moderators on how to conduct a focus group, and developing a elderly and providers protocol to be used by all the focus group moderators.

The materials analysis would ensure that these new efforts built on the work that had been done in AAPI communities to date, to help PALS/PFP/NAPCA learn from earlier work, and develop more effective materials. The materials analysis also provided information instrumental to developing the focus group protocols in giving some of limited English proficient materials to review in their own language.

The focus group protocols would focus on testing the translated text CMRI brochures, and other issues. Some of these include the proposed AAPI logo, the key messages on the cover, the text and layout of the brochure, whether the elderly women preferred photographs to illustrations and other issues, such as color, type of paper, and the fold of the brochure. In order for the moderators to have similar focus group procedure and questions, Dr. Kagawa-Singer developed the provider and elderly participants' protocols. The Focus Group Moderator Training was held on July 27, 1999 at the NAPCA Los Angeles office. The moderators were asked to follow the guidelines of these protocols because they were developed specifically for this project. The training outlined how the focus groups should be conducted and what information the moderators should solicit and elicit from the participants. Please see Appendix A for a copy of the focus group and provider protocols.

During the focus group training, the moderators asked many helpful questions about documenting their findings and protecting their participants' confidentiality. In response to some of those concerns, PALS/PFP/NAPCA developed a demographics questionnaire for focus group participants to gather information on age, citizenship status, and knowledge of Medicare to provide additional information on participants, without specifically identifying individuals. Please see Appendix E for a copy of the demographic information questionnaire and Informed Consent Form. Please see Appendix E for copies of the focus groups participants' responses. The responses are summarized later in the report.

Furthermore, after observing some of the first focus groups conducted, Project Coordinator Rommony Chung developed probing questions to be use in conjunction with the protocols. Dr. Marjorie Kagawa-Singer's protocols and training explained to moderators how to probe the participants about the AAPI logo, key messages, images, text, pictures, and color of the brochure. However, some of the focus group moderators were struggling with follow-up questions. In developing a list of probing questions, PALS/PFP/NAPCA hoped to expand opportunities for discussion and limit inconsistencies between groups on the information collected.

Subcontractors for Translation and Focus Groups

PALS/PFP/NAPCA subcontracted the Chinese, Filipino and Vietnamese translation and focus group activities to respectively, Chinatown Service Center, community outreach specialist Patty Abrantes (formerly a Filipino outreach specialist for the T.H.E Clinic) and Orange County Asian and Pacific Islander Community Alliance (OCAPICA). Chinatown Service Center translated the brochure into Chinese, and conducted seven focus groups; three groups with elder women in Cantonese, three groups with elder women in Mandarin, and one provider group. Patty Abrantes translated the brochure into Tagalog, and conduct four focus groups in Tagalog, three with elderly Filipino women and one with a provider group. OCAPICA translated the brochure into Vietnamese and conduct four focus groups in Vietnamese, three group with elder Vietnamese women, and one focus group with Vietnamese health care providers.

For the English-language version, PALS/PFP/NAPCA subcontracted with Jane Pang, Health and Welfare Director for the Hawaiian Civic Clubs to conduct focus groups with Hawaiian elders. To reach English-speaking Japanese elders, PALS/PFP/NAPCA contracted with Little Tokyo Service Center in downtown Los Angeles. Mona Porotesano, a community leader in the Samoan community conducted the focus groups with English-speaking Samoan elders in Carson, CA. And, South Asian Network (SAN), a non-profit agency committed to improving the health of South Asians, conducted focus groups with English-speaking women from the South Asian communities throughout Southern California (in Los Angeles and Orange County). The Hawaiian, Japanese, Samoan and South Asian scope of work consisted of s holding one focus group with the appropriate English-speaking participants, testing the layout design of the brochure, and assessing whether the text is culturally sensitive to the English-speaking AAPI women.

Moderators for each of the organizations were responsible for conducting the focus groups, participating in the Focus Group Moderating Training, taping the focus group proceedings, and issuing verbatim transcripts in English to PALS/PFP/NAPCA. The focus group were required to have 8-10 elderly participants who were 65 years and older. However, during the focus group moderator training, the focus group moderators expressed concern that they would not be able to organize that many elderly participants. With CMRI's permission, we loosened the age requirement to 55 years and older, but stipulated that the majority of participants should be 65 years and older.

Chinatown Service Center, Patty Abrantes, and OCAPICA used the provider and elderly beneficiary protocols by Dr. Kagawa-Singer. The elderly beneficiary protocol asked participants about the proposed AAPI logo, the cover, the readability and comprehension of the translated text, and their preference in the layout design of the brochure. The provider protocol focused on the materials in the provider packet, the proposed AAPI logo, the cover, the readability and comprehension of the translated text, preference in the layout design, as well as the importance of encouraging Asian and Pacific Islander women to obtain annual mammograms.

For the Chinese, Filipino, and Vietnamese elderly focus groups, the focus groups were conducted in Cantonese and Mandarin for the Chinese groups, "Taglish" (a combination of Tagalog and English) for the Filipino groups and Vietnamese for the Vietnamese groups. The provider groups were conducted for the most part in English, although there was instances where the providers spoke in Chinese (Cantonese or Mandarin, Tagalog or Vietnamese) languages.

The four English-speaking focus group needed to identify English-speaking South Asian, Hawaiian, Japanese, or Samoan women to participate. The four moderators all noted that it was difficult to identify English-speaking elders in their communities. We surmise that this could be community-based organization bias, since most of the community based organizations serving Asians and Pacific Islanders have its strongest network or community contacts among limited English-proficient elders. If this were

true, it would make reaching assimilated English-speaking Asian and Pacific Islanders in the community more challenging for two reasons. First, the assimilated group may be at higher risk for breast cancer, but may not know that they are at risk, since they are exposed to primarily “mainstream” images about breast cancer, they may assume primarily Non-Hispanic White women are at risk. Second, it may make outreach more challenging, since the assimilated women may not use the networks that immigrant, or less assimilated women use (e.g., bilingual providers, community clinics specializing in immigrant clientele, or cultural and community festivals).

Another possibility is that the Census data may not be accurate. Since the respondents are asked to designate their level of proficiency, possibly some of the elders may be indicating that they speak English well, although their native language is used more frequently. There are not any studies indicating if the Census verifies respondents’ self assessed English-language proficiency.

The Hawaiian, Japanese, Samoan and South Asian English-speaking focus group moderators used the elderly beneficiary protocol developed by Dr. Kagawa-Singer. The protocol included questions about the proposed AAPI logo, the cover, the readability and comprehension of the English text of the mammography brochure, and their preference in the layout of the design of the brochure. The focus group moderators for the English-speaking Asian and Pacific Islander women also consulted on the design of the logo. They also indicated they would like to see the brochure translated into other languages, in addition to Chinese, Filipino and Vietnamese.

IV. FOCUS GROUP FINDINGS FOR TRANSLATED BROCHURES *(see Appendix F)*

The mandate of CMRI's "Get a Mammogram" brochure is to convince Asian and Pacific Islander Medicare beneficiaries the importance of getting an annual mammogram. The focus groups were opportunities to identify barriers and ask elderly women what types of images and messages could be used to effectively overcome the barriers. In the focus group, participants are asked to critique the AAPI logo, key messages in the logo, tag line, color of brochure, information in the text, and what types of picture would best represent their community. The purpose is to develop a brochure that is a culturally appropriate and attractive to AAPI elder women -- to pick the brochure up and read it.

A. Chinese Community

Demographics of participants

Fifty-one Chinese women participated in six focus groups. Three groups were conducted in Cantonese, and three groups were conducted in Mandarin. All the participants were age 55 and older. Twelve participants were age 55-59. Eight participants were age 60-64 and eight were age 65-69. Twenty-three participants were age 70 and older.

In terms of citizenship status, 38 of the participants were citizens and 9 were permanent legal residents. Only one participant identified herself as a legal resident, two said they were "other," and two participants said they were visiting. None of the participants said they were undocumented.

Only one participant said she was born in the US, leading to the conclusion that most of the citizens were naturalized citizen, not born in the US or citizens by other circumstances. Three participants said they were born in Hong Kong, and three participants declined to answer. Two participants (each) said they were born in Malaysia, Taiwan and Vietnam, while one participant said she was born in Mexico.

Of those who were not born in the US (50 women), the largest group (18 women) said they arrived in the US in the 1990s, followed by the second largest group (13 women) who said they arrived in the 1980s. Of the remaining focus group participants, seven said they arrived during the 1970s, six said they arrived during the 1960s, and three said they arrived in the 1950s, and three in the 1940s.

When asked about health insurance, the vast majority (41) indicated they had some sort of health insurance. More than half indicated they had Medicare A (27), Medicare B (26) while only 17 indicated they had Medi-Cal. Ten focus group participants said they had private health insurance, and ten indicated that they had no insurance.

Health Insurance Coverage	Number of women indicating they had this type of insurance coverage
Medicare Part A	27
Medicare Part B	26
Medi-Cal	17
Private health insurance	12
No insurance	10

Almost all of the participants said they knew about breast cancer, only one participant said she did not know about breast cancer. However, not everyone who knew about breast cancer was concerned or

worried about it. Only 34 women said they were worried, 16 women said they were not worried, and one did not answer the question. Most of the women (44) said they knew what mammograms were, but 7 said they did not. And 38 focus group participants said they had gotten a mammogram, while 13 said they had not. Of the 38 women who had gotten a mammogram, 12 said they had gotten a mammogram in 1999, and 16 said they gotten a mammogram in 1998. Ten of the women had them before 1998.

AAPÍ “Get a Mammogram” Brochure Logo

The women in the six Chinese focus group expressed concerns about the proposed AAPÍ version of the African American and Hispanic “Get a Mammogram” logo (see Appendix C). The majority of the participants in all six focus groups commented on the manly and “inhuman” appearance of the three women in the proposed AAPÍ logo.

One participant in focus group #1 said she thought the women looked sickly, and they gave her a “chilling feeling.” Instead of the proposed AAPÍ logo, the majority of participants in focus group #1 strongly suggested having a picture of multigenerational Chinese women instead. The picture should be a photograph, but if an illustration is done instead, the women should have feminine characteristics and be seen smiling.

Participants in focus group #2 and #4 said that they were not sure what the picture was trying to convey, and that the three women should wear more colorful clothes to brighten up the picture. In addition, when looking at the logo and the key messages on the cover, focus group #2 participants said they did not understand the purpose of the picture relative to the logo and key messages. For focus group #2, some participants suggested showing a woman getting a mammogram or a multi-ethnic group. This group preferred photograph instead of an illustration, abstract image or graphic drawing. Their second preference would be a “computer drawing” which is graphic drawing.

Focus group #3 participants commented that the proposed AAPÍ logo would not attract attention or arouse interest in the brochure. One woman suggested that if the brochure discussed breast cancer, the cover should feature women suffering from the disease. Participants in focus group #3 said they would like to see a woman baring her breast because it “would tell people right away” the purpose of the brochure. Furthermore, the picture should be a beautiful photo that “expose the feminine qualities.”

As mentioned earlier, participants in focus group #4 said they were confused about the meaning of the logo. Like focus group #3, some focus group #4 participants suggested showing a woman baring her breast and others preferred a multigenerational picture, but all agreed that the picture should more clearly relate to breast cancer. Focus group participants #4 did not indicate whether they like abstract image, illustration, photograph, or graphic drawing.

Participants in focus group #5 and focus group #6 did not respond so negatively to the proposed AAPÍ logo, as other groups, but they gave several suggestions for improvement. Some of the suggestions for improvements included showing a woman getting a mammogram, showing a woman baring her breast, a picture of multigenerational Chinese women in different stages of life, or a picture of a multiethnic group of AAPÍ women. From the transcripts, it was not clear whether the picture of a woman baring her breast was the same as the picture of a woman getting a mammogram. In focus group #5, some participants suggested that the logo show multigenerational women while some liked a picture of a multiethnic AAPÍ group. In general, the participants stated they preferred photographs of Asian women. To one person, the purpose of using an Asian people in the picture is to “prevent [a] degree of fear among elderly women. Focus group #6 participants did not mention their preference for a photograph, but said that the seniors in the logo should be pretty with Asian features. It is important to note that in focus group #5 and focus

group #6, the participants did not indicate if they are including Pacific Islanders in their classification of “multiethnic Asian.”

Overall, the majority of participants in all the six focus groups seemed to like a woman baring her breast as their first choice of logo. To the majority of participants, a picture of a woman baring her breast would alert readers that the brochure discusses breast cancer. The next preference stated by participants in the six focus groups was a multigenerational picture of Chinese women in different stages of life. A picture of multiethnic Asians was third.

In addition to the logo, some participants suggested adding a Chinese character like “Blessing” or “Longevity” somewhere on the front cover of the Chinese brochure. Since breast cancer is a scary disease, they wanted a positive character that would give readers good luck. And as customary in Chinese culture, the words of good luck should be in red.

Key Messages in AAPI Logo

The direct translation of the CMRI brochure has been changed to make it linguistically appropriate for the Chinese community. Instead of “Get a Mammogram,” it was tested as “Have a Mammogram.” As for “Do It for Yourself. Do It for Your Family,” the key message was translated to “For your own sake, and for that of your family.”

The participants in focus group #1 and focus group #6 liked the second key message, “For your own sake, and for that of your family.” They understood the message to mean that having a mammogram was “about our health and our family.” Focus group #6 further commented that the message was good and reminded them to have a mammogram in order to “take care of [their] family.” Focus group #2 and focus group #3 commented that the message should be more precise and clear. Interestingly, focus group #3 wanted an additional key message to emphasize “early detection.” Besides the message being clear and understandable, some participants in focus group #4 would like the heading to be written in red. In focus group #5, one woman who used to teach Chinese literature, commented that the sequence of the key messages should be reversed so that “the reader will feel like it is a Chinese brochure instead of a translation that is not culturally appropriate.” Instead of “Have a Mammogram,” and “Taking charge...family later,” it should read “For your own sake, and for that of your family,” and then, “Have a Mammogram.”

Tagline

The tagline has been changed to be linguistically appropriate also. The translated tagline is, “Care for your health. Enjoy happiness and good times with your family.” Only one focus group (focus group #6) made any direct comments about the translation of the tagline, they said they liked, “Care for your health. Enjoy happiness and good time with your family” because it focused on taking care of their body so that they could take care of their family.

Text

Much of the Chinese text could not be directly translated. Some messages were worded differently in Chinese, but had the same meaning in English. For example, in the current, “Get a Mammogram,” brochure, the first question asked, “Are you at risk for breast cancer?” In Chinese the question was translated as, “Do you have a chance of getting breast cancer?” And the response was changed to read; “We can have a change of getting breast cancer regardless of race, age, body size, or heredity. And the chance will increase with age.”

While the question, “What is a mammogram?” was not changed, however, the reply was modified. The reply was changed to the following, “A mammogram is the use of small amount of x-ray to detect tumor in the breast. Mammogram can have early detection of tumor than manual exam and would not lead to cancer.”

In “What happens during a mammogram?” the Chinese version states, “How is a mammogram conducted?” and its answer stated as, “Mammography screening is a very simple exam. When you undergo the screening, medical staff would put your breasts between two x-ray metal plates, which would gently press the breasts in order to take as lucid a x-ray photo as possible. The whole process is about 15 minutes.” In “Why should I have a mammogram?” the Chinese translation is “Why do I need a mammography screening?” and its reply was modified as, “Mammography screening can detect very small tumor, which cannot be found by physicians. The earlier the detection, the more choices of treatment.”

In “When should I get a mammogram?” the question was translated as, “When should I have a mammogram screening?” and the response was changed to, “Women aged over 65 should have annual mammograms.” In “How will I pay for my mammogram?” the Chinese translation was “Do I need to pay for mammogram?” and the answer is “Medicare can pay for annual mammograms. If the physician consider that you need more frequent exams, Medicare can help you pay the extra charges at any time.” The final few questions were direct translations of the English “Get a Mammogram” brochure.

Two of the focus groups (#2 and #6) said the Chinese text was easy to read and understand. The other focus group participants did not comment on the brochure was easy to read, and instead went directly to critiquing the information in the brochure. For example, some participants from focus group #1 commented that some women live alone, and therefore, the brochure’s emphasis on family will not appeal to them. They wanted to appeal to Chinese women without family as well. In regards to the word “size,” the majority of participants in focus group #1 thought it referred to body fat. They said they would like to see Asian or Chinese statistics included. And, one participant wanted to know if there was information about the “treatments used, and what the cure rate.” She said if this type of information was included in the brochure, it would encourage women to get a mammogram early. In the English text, “What happens during a mammogram?” the participants would like to add a sentence saying that says only the top half of the patients’ clothes would have to be removed. They thought that this was important to include because some Chinese people are shy and by letting them know beforehand, the woman would be aware and more comfortable about the mammography procedures. They also had confusion with the section, “When should I get a mammogram?” They wanted clarification on the age when women should receive a mammogram. Although the brochure was designed specifically for women with Medicare (except for disabled, women age 65 and older), the participants suggested including a statement to the effect, “women over the age of 40 should get a mammogram, but are not covered for free services until they get Medicare.” And lastly, the brochure should include names of Chinese agencies and their phone numbers in conjunction with the English hotline.

In focus group #2, participants wanted the main points of the text to be presented with bullet points. In addition, they would like to see a comparison of Asian and Caucasian breast cancer rate, and death statistics for Asian women suffering from breast cancer. Similar to focus group #1, focus group #3 participants were confused about the instructions regarding mammograms for women age 65 and over, indicating they understood that the women should get screened sooner. In the text, they also emphasize that messages about early detection were necessary. Like focus group #1, they also suggested having an address and phone number of Chinese organizations dealing with breast cancer and that the operators should be an actual Chinese speaking person rather than a machine.

For focus group #4, the Chinese text was acceptable except for a few errors in Chinese characters. Some participants indicated that they wanted the ratio chart with a woman's chance of getting breast cancer to be larger, to better attract people's attention. Like focus groups #1 and #3, they said they preferred a hotline with a real person for non-English, non-Spanish speaking people because choices from the keyboard were confusing. They suggested that for local brochures, the address and telephone number of Chinatown Service Center should be listed on the brochure. Focus groups #5 and #6 participants spent most of their text discussion commenting on the errors in choice of Chinese characters.

Pictures Inside the Brochure

In focus group #1, participants stated that they preferred that the first picture box feature a woman with a female physician. The second picture box should feature a woman receiving a mammogram. And the third picture box should feature a smiling physician reading the x-ray film. Focus groups #2 - #6 were not as specific in their suggestions. Instead they commented that they wanted color pictures instead of black and white. They also wanted a step-by-step illustration of self-examination and mammogram that was easy to understand. They said the pictures should be "feminine," with bright colors, feature female physicians rather than male, and include Asian women to "take away anxiety or fear" and make the brochure more personal.

Preferences in Color, Folding, Paper, and Font of Brochure

The common colors that were suggested were bright green, green, blue, pink, and red. For focus group #1 participants, they said bright green would draw people's attention, pink was acceptable, and red would represent beauty and good luck, but could serve as a warning also. The majority of participants in focus group #2 liked dark blue, but one woman commented that to her, the color blue symbolizes Kaiser Permanente and people may think the brochure is from Kaiser. Pink was also acceptable.

In focus group #3, participants seemed to like the fuchsia color of the "Are You 50 or Over?" brochure (see Appendix D). They also liked bright colors because "they catch attention." For focus group #4, some liked red, but did not explain why. The others expressed both likes and dislikes about the color blue. Some said they thought that blue was dull and "would not inspire people to be excited." The majority of focus group #5 participants liked green. Some suggested turquoise, blue, and red. As for focus group #6, four participants like blue. One woman said it is a beautiful color. Another four participants liked green. One woman commented that is eye catching, and one women liked the fuchsia color of the "Are You 50 or Over?" brochure because it is eye catching. She commented that "red (fuchsia) symbolizes goodness, liveliness, and 'loving other like yourself.'" The six focus group participants commented that they preferred bright colors.

The majority of the six focus group participants preferred the tri-fold brochure because it is simple to open and easy to carry. In regards to texture, they all preferred the thick construction- like paper. Indeed, some said they did not like the "Get a Mammogram" brochure because the material was too flimsy. As for font size, the majority preferred large text.

Limitations to the Chinese Focus Groups

The focus group participants paid more attention to correcting the Chinese text than what their preferences were in the AAPI logo, key messages, tagline, and picture inside the brochure. The moderator's time was divided between critiquing all the references materials and the Chinese text, but not a lot of time on the front cover of the "Get a Mammogram" brochure. The moderator was under the impression that we wanted her to ask the participants to critique all the reference materials as well as the

“Get a Mammogram” brochure. She had the participants write down their comments about each of the brochure on paper. In the first focus group, the reasons for the participants’ suggestions were discussed by all participants and captured on tape. But for the other five focus groups, the many conversations captured on tape were the participant's comments on the text. We concluded that the moderator did not get a good understanding of what the purpose of this project, and it was reflected in her focus groups findings. We cannot say with certainty that the Chinese suggestions for the changes to the AAPI logo, key messages, tagline, or picture inside the brochure would be appealing to the Chinese population.

B. Filipino Community

Demographics of Participants

Twenty-nine Filipino women participated in three focus groups. Each participant was asked to complete a written questionnaire regarding demographic information and health insurance coverage. According to the responses received, all the participants were age 55 years or older. One participant was age 55-59, 3 were age 60-64. Six women were age 65-69 years old, and, nearly two thirds (n=19) were age 70 or older. Slightly more than two-thirds (n=20) of the women said they were US citizens. Six identified themselves as permanent legal residents (green card holders), two identified themselves as legal residents, and one participant declined to answer the question. Nearly all the women (n=27) were born in the Philippines, although two did not answer the question. Since none of the women were born in the US, we assume that most, if not all, were naturalized citizens. More than half of the women (n=17) arrived in the US during the 1990s. Three women moved to the US during the 1980s, and seven women said they arrived in the US during the 1970s. Two women said they had been in the US since the 1950s.

In regards to insurance status, the findings were more consistent compared to the other groups, but there still appears to be confusion about what health insurance people may or may not have. More than half (n=16) of the women said they had Medi-Cal, while less than half (n=13, n=10 respectively) mentioned having Medicare Part A or Part B coverage. If the private health insurance (possibly an HMO or Medicare+Choice plan) was included, then possibly half of the participants may have Medicare coverage. Unfortunately, we did ask the participants who indicated that they had private health insurance if the insurance was a Medicare HMO or Medicare+Choice plan. Only one participant indicated she did not have insurance, and two participants declined to answer the question.

Health Insurance Coverage	Number of women indicating they had this type of insurance coverage
Medicare Part A	13
Medicare Part B	10
Medi-Cal	16
Private health insurance	2
No insurance	5
No answer	1

After asking questions about demographic information, PALS/PFP/NAPCA queried participants about breast cancer. Among the Filipino focus group participants, a large number (80 percent or n=23) answered yes to the question, “Do you know what breast cancer is?” Six did not know about breast cancer. And, a greater number, (n=25) said they were worried about breast cancer. While 24 participants said they knew about mammograms, but only 18 focus group participants had gotten one (nine participants had not gotten one, and two declined to answer). And of the 12, who had obtained mammograms, only 7 had received them in 1998-99. The rest had received them in years previous, for the most part, in the 1990s. The women who indicated they had mammograms said they had obtained them in hospitals, clinics and doctor’s office – some of the women indicated more than one site. Interestingly enough, only 19 participants (about 2/3) said they knew Medicare covered annual mammograms.

Key Messages in AAPI Logo

There was unanimous acceptance of the key message, “Do It for Yourself. Do It for Your Family.” One woman suggested an alternative “A healthy family makes a health community.” Focus group #1 participants said they liked the key message because it was clear and practical, and focus group #3 participants said it was direct. As for second key message, “Get a Mammogram,” it was not discussed in any of the Filipino focus groups.

Tagline

There was a difference of opinion among the three focus groups about the tagline: “Taking charge of your health now means you will be there for your family later.” Focus group #1 liked it because gave a positive message about taking care of yourself so you can “take care of your grandkids and children.” In contrast, focus group #2 commented that the tagline was “too long to remember and understand.” And, focus group #3 expressed concern that “Taking charge...” sounded too much like a command. They suggested “taking care” as a better choice of words.

AAPI “Get a Mammogram” Brochure Logo

The participants of the Filipino focus group expressed serious concerns about the proposed AAPI version of the African American and Hispanic “Get a Mammogram” logo (please see Appendix D: AAPI Logo). For example, all the focus group participants said they thought the three women’s bodies in the proposed AAPI logo were too manly in appearance. They also said they felt that the proposed AAPI logo did not validate the key message, “Do It for Yourself. Do It for Your Family,” rather, the two appeared inconsistent.

Participants in focus group #3 pointed out that the proposed logo did not validate the key message, “Do It for Yourself. Do It for Your Family.” The image of the three women did not reinforce to the word “family” in the key message, because the women did not appear to be members of the same family. While some participants liked the idea of having different nationalities represented, they could not see how the different nationalities of women relate to the logo’s key message, “Do It for Yourself. Do It for Your Family.” Instead, the majority of people agreed that a picture of a family would best capture the meaning of the message.

As for their preference regarding whether the cover should feature an abstract image, graphic drawing, illustration, or photograph, participants in focus groups #2 and #3 said they preferred photographs to the proposed AAPI logo. Focus group #3 said that photos show “their real faces.” Focus group #1 did not mention a strong preference. However, later on, in another discussion, focus group #1 participants said they would like to see a multigenerational photo of Filipino women depicting the different stages of life. They liked this idea because “young ones are also affected” by breast cancer. In focus group #2, majority of participants liked the idea of different nationalities of women represented in the logo, but two participants mentioned their preference in a multigenerational picture depicting the different stages of life. In regards to the number three in a picture, the moderator did not ask the Filipino women about this question. It is her contention that this is not an issue in the Filipino culture.

Text

In addition to the information already in the brochure, the participants in focus group #1 and #2 said they would like to see information on breast cancer symptoms, causes of breast cancer, and the effects of mammograms, even though the brochure is specifically about how to obtain a mammogram. The

participants said they were interested are the causes of breast cancer. In addition to the current information in the text, participants in focus group #2 said they would like information on local referral sites where they can get free mammogram. Focus group #3 said they also would like to have more illustrations included in the brochure because it would be “easy to read and follow.”

Focus group #3 also expressed concern that the tone of the information presented should be more positive rather than negative, because people who read negative messages would more likely “follow the negative.” “Following the negative,” means the readers would take on fatalistic attitudes and not take control of their health. Furthermore, some of the participants in focus group #3 said they feared pain, and it would helpful if the text would “indicate that it [mammogram] is not painful.”

The Filipino focus groups also had concerns about the translation of the text. Some of the participants said they would prefer Tagalog and English side-by-side or Taglish (half Tagalog, half English) rather than a Tagalog-only translation. In focus group #1, one of the participants explained that Philippines was under the jurisdiction of the US in the early 1900s, and during that time, all schooling was conducted in English. So, students learned how to read and write in English, but spoke their native language at home. As a result of this, many elderly Filipinos who migrated to the United States are English proficient. When given a choice between English and a Tagalog-only brochure, many of the participants said they would choose the English brochure. Some other focus group participants suggested that the brochure be translated into other Filipino languages such as Visayan or Ilokano.

Pictures Inside the Brochure

All the participants in all three focus groups said they wanted a picture of a woman getting a mammogram. For focus group #1, the participants felt that a photograph would better explain the process. Focus group #2 said that a photograph would prepare people so they would not “get scared before you [they] do a mammogram.” According to focus group #1, the picture could be a caricature, while focus group #3 said they preferred a photograph.

Preferences in Color, Folding, Paper, and Font of Brochure

When given a choice of a variety of different mammography and health promotion brochures, the majority of the participants in all three Filipino focus groups said they preferred the Mother’s Day card created by California State Department of Health Services. The Mother’s Day card featured a bouquet of flowers on the cover, and stressed the importance of getting early breast examination or mammogram (see Appendix D). The focus group participants said they liked the picture, and the message about giving hope and new life.

The participants said that giving the card was a caring gesture and they would go get a mammogram if their daughter were to give it to them because it shows that “they [their daughters] love you and ...want you to live longer.” Focus group #1 said that the card should be changed to an any-occasion card so it could be given any time of the year, not just during Mother’s Day. Some of the participants suggested changing the CMRI’s “Get a Mammogram” brochure to look more like the Mother’s Day card. The one negative comment about the Mother’s Day card was in regards to the color of some of the flowers. On the front cover of the Card was a drawing of a bouquet of purple flowers. According to the focus group participants, the color purple represents death in Filipino culture. Thus, they suggested that purple flowers should be replaced with either pink or red ones.

For the overall color of the brochure, Filipino focus group participants suggested, in order of preference, pink, blue, “glossy” green, and green. Participants in focus group #1 and #3 strongly recommended the

color, while participants in focus group #2 said they preferred blue. Focus group #1 said pink is a cheery color, and one woman said the color blue makes people feel sad.

Limitations to the Filipino Focus Groups

Having observed the Chinese and Vietnamese participants indifference to the Mother's Day card, the Mother's Day card may have been more popular with the Filipino participants because of their high level of English proficiency, and so they better understood the message of caring and affection in the card. Another possibility for the strong preference for the card may have been the moderator's bias. The first focus group she conducted was with Filipino healthcare providers. They expressed a strong preference for the Mother's Day card and suggested that CMRI modify the proposed brochure to be more like the Mother's Day card. Because of the warm reception for the card, the moderator may have placed a stronger emphasis on this card than the other brochures used in all the focus groups.

C. Vietnamese Community

Demographics of participants

All 25 participants in the focus group were elderly women age 55 years and older. Six of the women were age 55-59 years old, seven were age 60-64 years old, six were age 65-69 years old, and six were age 70 years or over. They were all either permanent legal residents or naturalized citizens of the United States and all were born in Vietnam. Their year of arrival to the U.S. ranges from 1975 to 1998, but the majority arrived in the early 1990s.

In the Vietnamese focus groups, 10 women indicated they had Medicare Part A, and 10 women indicated they had Medicare Part B. Nine women said they had Medi-Cal, and one woman said she had private health insurance. One participant indicated she did not have insurance, while seven participants did not respond to the question at all.

Health Insurance Coverage	Number of women indicating they had this type of insurance coverage
Medicare Part A	10
Medicare Part B	10
Medi-Cal	9
Private Health Insurance	1
No Insurance	1
No Response	7

The majority of participants said, yes, they knew what breast cancers are, and that they were worried about it. Among the 25 participants, 17 have gotten a mammogram, and 8 had not. Of the 9 participants who have never got a mammogram, 3 said they knew what a mammogram is, and 6 said they did not know what a mammogram is. Of the 17 women who received a mammogram, 9 indicated that they obtained one in a doctor's office, 3 said in a clinic, and 2 said they obtained one in a hospital. Several women did not respond.

Proposed AAPI Brochure Logo

The proposed AAPI modification of the African American and Hispanic "Get a Mammogram" logo was not well received by the women in the Vietnamese focus groups. The majority of the participants commented that the three women's bodies were too manly in appearance, and their faces were too young looking. They said they would like to see faces more similar to their own, with wrinkles and silvery hair, and the hair should be in a Vietnamese up-do (boi). Furthermore, several women suggested drawing the women with bigger breasts and more slender shoulders to show the women's femininity.

In regards to whether the logo should be a photo, an illustration, a graphic drawing or an abstract image, the findings were inconclusive. Some of the people in focus group #1 wanted the logo of the three women to represent the three regions of Vietnam (North, Middle, and South), and did not want a photograph on the front cover. They also mentioned that they liked the abstract image of the woman with her arms raised as seen in the California State BCEDP brochure but did not explain mention the reasons why they liked the abstract image more than a photograph, graphic drawing, or illustration.

In focus groups #2 and #3, some of the participants mentioned wanting a multigenerational photograph of Vietnamese women to replace the logo. The group noting a preference for the multigenerational

photograph of Vietnamese women said it would represent women in the different stages of life, with young, middle aged, and senior women, because breast cancer affects all women no matter what age. They said they strongly prefer photographs to a logo because photos had a more realistic quality. The elder women indicated that the readers would be able to identify with the women in the photograph in an emotional way, giving them a sense that breast cancer affects them also. Some women said they wanted to see a Vietnamese woman getting a mammogram. They did not mention their preference on whether the woman getting a mammogram should be represented in a photograph, abstract image, computer graphic, or illustration. They simply said they wanted to see a woman getting a mammogram on the logo because it would convey the purpose and message of the brochure on the front cover without having to open it.

One of the issues discussed during the focus group moderator training, some of the moderators mentioned concerns about depicting three people together in a photograph or image. In some Asian cultures, having three people in a photograph or picture is considered to be bad luck to the people in the picture. But, this may only be true if there were three people in a photograph. If the three women were depicted in an abstract drawing or illustration, the rule about bad luck may not apply. Since the women in the graphic drawing are not real people, the bad luck or omen cannot hang over them.

In the Vietnamese culture, the superstition of three people in a photograph to be bad luck is believed by some people. However, in the focus groups, none of the participants mentioned the superstition. When asked if three people in a picture was bad luck, they said no. A possible reason for the reply is that the participants were responding to the proposed AAPI logo. This might have given the focus group participants the impression that the moderator was asking them about the drawing only, not a photograph. Because the moderator did not know the superstition herself, there were no further probing or clarification of questioning by the moderator.

Key Messages in AAPI Logo

In the proposed AAPI logo, there were two key messages, “Get A Mammogram” and “Do It for Yourself. Do It for Your Family.” The Vietnamese focus group participants were asked to critique each to them. The two focus groups that discussed the tag line “Get a Mammogram” liked it, but the moderator for the second focus group did not cover this topic. In regard to the second tagline, “Do It for Yourself. Do It for Your Family,” the participants in focus group #1 said it was too wordy. They recommended shortening the tagline to “Do It for Yourself And Your Family,” because it is concise. However, focus group #2 and focus group #3 said they preferred to original, longer version: “Do It for Yourself. Do It for Your Family” because it emphasized the importance of mammography twice, for yourself and your family. In addition, participants in focus group #3 emphasized that they liked how family was tied into the second key message.

Tag Line

The women’s feelings about the message, “Taking charge of your health now means you will be there for your family later,” were inconclusive. Of the three focus groups, the moderator only discussed it in one session. The women said they liked it, but no reason was given as to why they liked it.

Text

The participants said they liked the text because it was short and easy to read. Focus group #1 thought the reading comprehension level was fine, and focus group #3 said the text was positive, contained enough information and said the information was useful. However, one participant wanted more extensive explanations about breast cancer added to the brochure. In terms of the question and answer format,

focus group 3 wanted the answers in black instead of the brown CMRI used. In addition, focus group #2 and focus group #3 said they the important points in the text should be in bullet points.

In the “Are you at risk for breast cancer?” section, participants in focus group #1 suggested that PALS/PFP/NAPCA include cancer statistics for the Vietnamese population. The focus group participants also mentioned that one question and answer caused confusion. In response to the question, “When should you get a mammogram?” The current answer says, “Women older than age 65 should have a mammogram screening every year.” Many women noted that women over the age of 40 years old should get a mammogram, not 65 and older only. They said the answer might confuse some women and mislead those who were not familiar with the age criteria for mammography screening. While the brochure was intended for Medicare beneficiaries, the intention of targeting Medicare beneficiaries only was not made clear until later on in the brochure, in the “How will I pay for my mammogram?” section.

Pictures Inside the Brochure

In regards to pictures inside the brochure, there are a wide variety of suggestions. There were no clear-cut findings on the pictures inside the brochure. The majority of participants in focus group #1 said they preferred abstract images rather than photographs or illustration, like the California State BCEDP brochure (please see Appendix D). Focus group #2 strongly preferred photographs, and focus group #3 did not mention preferences about either abstract images or photographs. Although focus group #1 said they preferred abstract images, when asked about what the picture might look like, focus group #1 said they wanted to see pictures of physicians, nurses, and patients in the brochure, and a photograph of a physician working with a patient standing at the mammography machine. Participants in focus groups #2 and #3 emphasized they wanted a photograph of an older (over 40 years old) and experienced looking doctor. Along with a Vietnamese doctor, they said they wanted to see a Caucasian doctor in the picture.

Many participants strongly suggested including a picture of a Caucasian doctor in the brochure because there is a sense of distrust of Vietnamese doctors in Orange County’s Little Saigon area. They said Vietnamese doctors are known for various malpractice activities. Moreover, they like Caucasian doctor because “they are better trained and are trustworthy.” In addition, “if a woman chooses an HMO health plan, she may not be able to see a Vietnamese doctor.” Brochures with Vietnamese doctor were said to be misleading because patients cannot get a doctor of their choice. This is the thinking in Orange County’s Little Saigon and may or may not representative of other Vietnamese communities in California.

Inside the picture box, focus group #1 wanted to see a physician, nurse, or technician working on a mammography machine with a patient. Focus group #2 said the expression on the photographed subjects should be serious and solemn. And focus group #3 suggested a story line, “first and second picture boxes showing ways to treat and cure cancer.” And the last picture would show happy women, “showing life after cancer is positive and healthy.” They said it was better to offer hope than focus on the negative aspects of breast cancer.

Taking into consideration the potential embarrassment of the elder female patient exposing her breast to a physician, the focus group moderators asked participants about their preference in regard to the gender of the physician, nurse or technician in the picture. Focus group #2 participants did not mention a preference, but participants from focus group #1 and focus group #3 said they did not have a strong preference about the gender of the physician, nurse or technician. They said they preferred a female health care provider, but a male physician, nurse, or technician was okay because the participants were older and would not be embarrassed.

Preferences in Color, Folding, Paper, and Font of Brochure

In regard to the color, the majority of participants in focus group #1 said they preferred blue because, “it is bright, cool, and catchy.” Focus group #2 said they liked the dark green in CMRI’s “Get a Mammogram” brochure because it did not reflect light, it was cool to the eyes, easy to read, less common, and could be spotted from far away. Focus group #3 said they preferred the green in the California State BCEDP brochure or pink because it is bright, cool, prominent, and easy to read.

While there was no clear consensus on the color of the brochure, the overarching themes emphasized that the color should be bright, cool looking, and easy on the eyes. Dark colors like black or purple should not be used because; “it makes the brochure look like a flyer advertising a nightclub party.”

Tri-fold was the preferred folding style. The Vietnamese women said they liked the tri-fold brochure because it was small and they could easily put it in their purses. For women 65 years and over, all agreed that the text should be in large font, so the text would be easier to read and catch their attention. The texture of the brochure should be resilient (pliable and flexible) and shiny.

Limitations to the Vietnamese Focus Groups

Vietnamese focus groups had two different moderators to conducting the focus groups. There may have been more agreement among participants in focus groups #2 and #3 because the same moderator conducted the focus group. Another possibility was that the moderator might have referred to the second focus group’s discussion in the third focus group.

D. Provider Focus Groups

AAPI “Get a Mammogram” Brochure Logo

The providers had a number of interesting comments about the proposed logo for the AAPI brochure. In general, the providers from the 3 groups said that the 3 women in the logo were too manly. The Chinese providers said the figures looked like men, and they looked like, “people from the 1930s,” that current Chinese people would not identify with them. One provider noted insightfully that the women were smiling in the African American and Hispanic, but they were not smiling in the AAPI women.

The Filipino providers also expressed concern that the figures in the logo looked like men, and had “no body shape.” They recommended that the logo feature a family picture with the key message, “Do It for Yourself. Do It for Your Family.” Or, that the picture should show different faces with different emotions: happy, confused, to show how people react to cancer. They said they should include senior faces.

The Vietnamese providers also commented that figures looked “too manly and unhappy.” They said they were not sure Vietnamese women would pick up brochures. One provider suggested that the brochure feature a picture of a breast, but a health educator countered that this might not be appropriate, that elderly women might be offended by an explicit drawing on the cover, but it might be helpful inside the brochure. Another provider cautioned that the drawing should not be too abstract. All the healthcare providers agreed that the Vietnamese brochure should feature figures that look like Vietnamese elderly women, with hair in traditional up-do style.

Key Messages and the AAPI Logo

The Chinese, Filipino and Vietnamese providers reviewed the current key message for the African American brochure, “Do It for Yourself. Do It for Your Family.” The three provider groups expressed concerns and reservations about whether the message would work for elders from their community. The Chinese providers said that they were concerned that the logo and the key message did not match. The key message said, “Do It for Yourself. Do It for Your Family,” but the logo did not look like a family.” With the logo, they suggested, “Do it for aging,” “For a healthy life, get a mammogram,” or “If you are 40 years and over, you must have a mammogram.”

In the Filipino group, one provider like the current key message, and that it reinforced Filipinos values -- they are close to their families. But another provider said he felt that the message was too individual, that a better message is, “Your health is your family’s health.” The Vietnamese said they did not understand the message. The Vietnamese providers said they felt that the message should simply stress, “Get a mammogram.” It is not clear if the current key message will translate well into Vietnamese, or if it will be accepted.

Text

The providers suggested some changes in the text, to better describe when and why women should receive mammograms. For example, both the Chinese and Vietnamese providers expressed concern about the current answer to the question, “When should I get a mammogram?” While the brochure is targeted to women 65 and older, the providers from the two groups expressed concerns that the women age 40-64 may mistakenly believe they are not at risk. Indeed, the Vietnamese providers said they were adamant that providers would not want to use the brochures unless it said that women 40 and older should see their doctor. If the brochure is targeting elders, then the text should note that the information is for Medicare beneficiaries only. The two groups also expressed concerned about the use of the word size.

The providers said that the use of the word in the current text was ambiguous, and they were not sure if the size referred to body size, body weight, breast size or something else. They felt that the text should more clearly describe what is meant by size.

In the Filipino provider focus group, the providers were much more concerned about the subtleties of Tagalog translation. Since many Filipino elders speak Tagalog and English, there were concerns that a Tagalog only translation would be too formal and wordy and would not attract Filipino readers. Instead, they said they felt the brochure should either feature Tagalog AND English text (side-by-side), or include more English in the text. They also emphasized that the text should be as simple and direct as possible. The Filipino providers said that the text should explain that mammograms do not increase the risk for cancer (from radiation), and that mammograms do not cause cancer.

Pictures inside the Brochure

In regard to the issue of pictures inside the brochure, the providers did not reach any consensus on recommendations. Each group came up with slightly different suggestions. The Chinese providers said that the photographs should feature female doctors and nurses rather than male doctors or nurses. A number of the providers liked the idea that of having a photograph of someone receiving a mammogram, and further recommended that the person receiving the mammogram should be smiling. They noted that the picture of the person should not be naked. And, there should not be any pictures of children.

In contrast, the Filipino providers said the brochure should not include a photograph of someone receiving a mammogram. The provider explained that the brochures should not over emphasize the patient-doctor relationship. Instead, they suggested the brochures describe the different kinds of breast cancer and have pictures that attract attention.

The Vietnamese providers, in turn, took another approach. They suggested photographs to visually illustrate or demonstrate some of the written text. For example, the Vietnamese providers recommended that the first picture should feature a family, to match the text. Then, the second picture should feature a photograph of a physician with a patient receiving a mammogram, to show what happens during a mammogram. The third picture should show a physician reading a x-ray to illustrate the point, "Mammograms can find lumps that are too small for you or your doctor to feel." The providers did not express a strong preference for the gender of the doctor, although one noted, "...female is preferred because they are less intimidating."

Preferences in Color, Folding, Paper, and Font of Brochure

For the Vietnamese providers, the color of the text and background should be in contrast because it will "create a sharper image and that should make it easier for women to see and read." Some colors that were debated on were pink, green, and blue. Some participants liked pink because it stood out, bright, and eye catching. Green is an in between color that is not too catchy or mellow. And one person believed that "blue and green are so common that women might want to see new and different colors. But another participant argued that blue and green are neutral colors for elderly women. No definite colors were suggested for the brochure. They commented that they needed to see the colors on the actual brochure to make a definite decision on the colors they think would be appropriate for the Vietnamese community. However, the colors should not be too bright because "it might hurt their eyes and if too dim they can't see it clearly."

Participants in the Filipino providers' focus group like pink, light pink, and dark pink to be the color of the brochure. They commented that pink was the color for women, and signifies "your health." They commented that blue is associated for men, hospital announcements, and is depressing. Purple should

not be used because it symbolizes death. Participants in the Chinese focus group suggested pink, but did not give any explanation as to why they liked it.

The Chinese and Filipino providers did not indicate what type of color of paper or folding style they think are appropriate for the elderly women. The providers in the Vietnamese commented that they still needed to see the different colors on the brochure in order to make a definite decision. But they said tri-fold is best because it is small and convenient. In regards to font size, all providers in the three focus groups unanimously agree that big fonts should be used. However, the Filipino participant suggestion in having Tagalog and English side by side may pose a problem as to how big the fonts would be for the Filipino community. And lastly, the Vietnamese providers said fancy fonts should be avoided.

Provider Packet

They liked the information in the provider packet and would use it. However, the Vietnamese and Chinese providers like it better if it was translated into their own language. In regards to the AAPI Tip Sheet, all liked the information provided. But the Filipino providers' only complaint was the inclusion of the fatalistic attitude as a way to explain the Asian and Pacific Islander American communities' lack of mammography utilization. The Filipino group didn't like it because it makes it sound like it is blaming the victim and that patients don't care about their health. Instead, they suggested something like, "AAPI don't get accurate information and right education" in replacement of "fatalistic attitudes." However, the Vietnamese and Chinese group did not mind the phrase, "fatalistic attitudes" because they said it was true. All the provider focus groups liked their own group's statistics included in the Tip Sheet. Without it, "it may undermine our [their] efforts to increase awareness in the Vietnamese community," according to the Vietnamese providers group. In addition, all three focus groups wanted articles relating breast cancer rate among the AAPI population included in the packet.

Two focus groups thought patients could use the stickers. The physicians said they already have their own system and thus the proposed sticker would be redundant. They think it is more useful for patients. If the stickers are to be given to the patients, then the Vietnamese providers suggested that the stickers be bigger. Instead of having eight pictures on one sheet, they recommended only having four pictures on one sheet. The stickers would be placed on the new AAPI Medicare Mammography brochure and given to patients.

For the Vietnamese provider focus group, they were concerned if the packets are free. In the order form, they suggested that the word "free" should be bolded and emphasized in every education materials CMRI is offering to make it clear to physicians that they will receive the materials free of charge.

In addition to all the materials provided in the packet, the Filipino group wanted a list of local providers that provide mammography to be included in the packet. And the Chinese providers thought the packet should be made more of a durable material because they would use the packet for a long time. Also, they would like to receive a free video about mammography for their patients to watch.

V. FOCUS GROUP FINDINGS FOR ENGLISH-LANGUAGE BROCHURES

Demographics of Hawaiian Participants

There were 13 participants in the Hawaiian focus group sponsored by ‘Ainehau O Kaleponi Hawaiian Civic Club. All the participants were 60 years old and older. Four participants were age 60-64 years old, two were age 65-69 years old, and 7 participants were age 70 years old or older. While all the women identified as Hawaiian, several also identified as Chinese, while others identified as Scottish, Irish, German, Spanish, French or Italian.

All the participants were US citizens; all were born in Hawaii.

	Number responding they had insurance
Medicare Part A	6
Medicare Part B	6
Medi-Cal	0
Private health insurance	10
No insurance	0

When asked about their health insurance, as with the other groups, it appears that this is a difficult issue to collect information without the benefit of having probes, to find out if people had Medicare Part A and B, plus Medigap, or if they were enrolled in HMOs. It was interesting to note that none of the participants had Medi-Cal, this might be another group that might benefit from QMB outreach.

Of the 13 participants, when asked if they knew what breast cancer was, 10 participants said yes, but only seven participants said they were concerned, six were not concerned. All of the participants said they knew what mammograms were, and all had had a mammogram. Eleven of the 13 had had mammograms in either 1998 or 1999, but one participant had had a mammogram in 1988, and one did not respond. Four participants had had mammograms in hospitals, 8 had mammograms in clinics, and one person had had their mammogram done in a lab.

Finally, nearly two-thirds of the participants (8), said they knew Medicare covered annual mammograms, and 5 said they did not.

Demographics of Japanese Participants

The Japanese focus group had 10 participants. All the participants identified themselves as Japanese. In terms of age, all the women were 60 years old and older. One woman was 60-64, another 65-69, and the remaining 8 women identified themselves as age 70 years or older. All the women were born in the US; none were naturalized citizens.

When asked what type of health insurance they had, there were a variety of answers.

	Number responding they had insurance
Medicare Part A	7

Medicare Part B	6
Medi-Cal	1
Private health insurance	5
No insurance	0

There may be several different reasons for the responses. There may be some women with Medigap plans, or if they are enrolled in managed care plans, they may have said they have Medicare Part A, Medicare Part B and private health insurance. It was surprising that none of the women had Medi-Cal, this may be because all the women were well off, or it may indicate a need for QMB outreach.

Finally, all the women said they knew what breast cancer is, but only 7 women said they were concerned about it. All the women said they knew what mammograms were, and all had received mammograms. All but one of the women had had mammograms in 1998 or 1999. When asked, “Did you know Medicare pays for mammograms every year?” eight of the ten women responded yes, and two responded no. Eight of the participants had had mammograms in a hospital, and two had mammograms in the clinic.

Demographics of Samoan Participants

Mona Porotesano, a community leader, conducted the Samoan focus group. The focus group consisted of 10 Samoan female elders. All were age 55 and older. Three were age 55-59, three were 60-64, two were 65-69 and there were two were age 70 and older. In terms of nationality, all reported that they were Samoan, although two people said they were also part English/German or part German.

Nearly all the Samoan participants were citizens. Nine out of 10 reported that they were citizens, and one said she was a permanent legal resident. Of the 10 women, nine were born in Samoa, and one was born in Germany, although she noted she was raised in Germany.

All the women had lived more than 20 years. Seven of the women lived in the United States before 1980, two of the women moved here during the 1960s (before 1970), and one woman reported living in the US since 1951.

In terms of their health insurance coverage, more than half of the women reported having health insurance. Four women reported having private health insurance, two women reported having Medi-Cal. Three women reported that they were uninsured, and one woman declined to answer. It is interesting to note that none of the Samoan women had Medicare insurance.

Nearly all of the women said they knew what breast cancer was (9/10), and all reported that they were worried about it. All of the women reported that they knew what mammograms were, and that they all had had a mammogram. Eight of the 10 women had had a mammogram in 1999, one in 1996 and one participant did not answer the question. In terms of location, four had had a mammogram at the hospital, four at the clinic and two reported having their mammogram done at the doctor’s office.

Eight of the 10 women said they knew that Medicare paid for mammograms, and two did not.

Demographics of South Asian Participants

For the South Asian focus group, conducted by South Asian Network, there were 8 female participants. All the women were 55 years and older, one was 55-59 years old, three were 60-64, and four participants were 70 years old or older. Four identified as Asian Indian, 3 identified as Sri Lankan, and one identified as Pakistani.

In regards to immigration status, 5 were citizens, 2 were permanent legal residents, and one woman said she was a visitor. All the citizens were born outside the US, we assume they were naturalized.

In regards to health insurance coverage, the responses were quite varied.

Insurance Coverage	Number responding they had insurance
Medicare Part A	3
Medicare Part B	2
Medi-Cal	2
Private health insurance	1
No insurance	2

It is not clear if people were unclear about what type of insurance they had, or if there were some individuals who had Medicare Part A, and did not have Medicare Part B. For the two participants, it is not clear if they would have qualified for Medi-Cal or Medicare or not.

All the participants said they knew about breast cancer, and when asked if they were worried about it, they all responded yes. All the participants said they knew what mammograms were, and five of the participants had had a mammogram, but three had not. Of the 5 participants who had a mammogram, 3 had had them within the last year, but one participant had a mammogram more than 10 years ago, and one participant did not answer the question.

Three participants had mammograms in a doctor's office, clinic or diagnostic center (respectively), and the other two had had mammograms at the hospital.

AAPI "Get a Mammogram" Brochure Logo

The proposed AAPI version of the African American and Hispanic "Get a Mammogram" logo (see Appendix D: AAPI Logo) was not well received by any of the women in the focus groups. All four ethnic groups had very different ideas of what the AAPI logo should look like. Outlined below are their thoughts on the proposed modifications and improvements of the brochure. It is interesting to note that the suggestions vary from focus group to focus group, reinforcing that one logo may not work for all the AAPI communities.

For the Hawaiian group initial comment was that the women in the logo look Asian and not Pacific Islander. The figures are small in breast and body size, whereas the Pacific Islander's bodies are fuller. Many commented that the facial expression of the three women look sickly and depressing.

They recommend the new logo should include full figured and smiling elderly Pacific Islander women, have a lei or garland to represent the Pacific Islanders, hands joining together, have a woman open her arms towards another family member, include men in the picture, or a picture of a voyaging canoe. The participants were definite in wanting to have smiling faces because it "shows that taking a mammogram is not that bad," and gives the brochure a more positive presentation. The rationale for showing the holding hands is to subconsciously help ease the fear of getting a mammogram. "Some people would not think of going, but if you take them by the hand and say "come with me," it would help ease their fears. Two women liked to include men in the picture because men have breast cancer also. As for a woman with outstretched arms, it relates to "Do It for Yourself. Do It for Your Family." Overall, they would prefer

photographs of either a woman with a flower in her hair or lei around her neck or a full-figured woman smiling and waving as their first choice. A picture of a woman receiving another family member was their second choice.

The Hawaiian group further commented on the wavy green border of the logo and brochure. Instead of the wavy green border of the logo and brochure, they suggested a dark brown border with tapa designs or traditional tattoo block designs that are characteristic of the Pacific Islander communities.

In the Japanese focus group, the participants said the three women look sad and unattractive. And because the women look sad and unattractive, the color blue gives the brochure a depressing impression. The Japanese requested that the brochure be a multigenerational photograph of three happy and smiling Japanese women in different stages of their life.

According to the Samoan group, they too had many concerns about the proposed modified logo. They said that the dullness of the blue color and made the women in the picture appear sickly. Furthermore, some participants said they felt that the logo was intended for the Asian women and not Pacific Islander women. One woman said she like graphic drawing of the logo as it is, but the features of the three women need to look Pacific Islander, with long hair or put up in a bun. One participant commented that if the purpose is to educate or inform the Samoan women or other Pacific Islanders, than the pictures should have Pacific Islander images. She stated, “no Samoan will pick up a brochure that does not show their nationality.” They were all adamant that the people in the logo should be representative of them or other Pacific Islanders. Suggestions for the new logo included a multiethnic AAPI group, with one Asian, one Polynesian and Fijian women or Pacific Islander image. In regards to the photograph, illustration, graphic drawing, or abstract image, majority preferred the logo to be an illustration rather than the other options, and have the logo bigger than the African American and Hispanic “Get a Mammogram” brochure.

As for the South Asian participants, they thought the three women in the logo were a mother, father, and child or three men. They said it was very bland. Suggestions for the new logo included a family photo, a multigenerational picture of three women in different stage of life, or multi-ethnic AAPI group. Of the three suggestions mentioned, they strongly prefer a family photo of a father, mother, daughter, and son because “a nice family picture appeals to you” as one woman said. Their second choice was either a multigenerational picture or multi-ethnic group to reinforce the message that breast cancer affects everyone and strikes all nationalities. In regards to what type of picture the logo should be, majority prefers it to be a photograph of beautiful elderly women, stressing on the word “beautiful.”

To this group, photographs are more appealing because “we can remember photographs better.” This group was concerned about making the front of the brochure look attractive in order for people to pick it up and read it. If the front cover is not attractive (i.e. showing beautiful women), they said their community would more likely toss the brochure before they read it. Another fleeting suggestion was to show a woman getting a mammogram and a technician or doctor by her side.

Key Messages in AAPI Logo

The Japanese, Samoan, and South Asian participants said that they liked the key message “Get a Mammogram.” However, the Samoan and South Asian participants noted that “Get a mammogram” should be bolder and bigger because it is not visible or eye catching enough, and that people would miss the message. Two of the participants in the South Asian focus group suggested that the “Get a Mammogram” be placed top of the women but below the wavy green border in order for it to be the first thing the readers see. The Samoan participants liked the message to be black with a white background instead of the brown that is on the CMRI’s African American logo.

The South Asian suggested replacing word “mammogram” of “Get a Mammogram” to “breast.” So the new key message would say something like, “Get Breast Examination” or “Take an X-ray of your Breast.” To them, the word “breast” is more meaningful than “mammogram” because all South Asian knows the word “breast” is but all may not know what a “mammogram” is. In addition, one of the participants said that there is no such word for mammogram in her ethnic language. Because of the many different nationalities and languages that constitute the South Asian group (for example, Asian Indian, Bangladeshi, Pakistani, Sri Lankan, and many others), we could not specify what language South Asian language the woman was referring to.

As for the Hawaiian participants, the moderator did not ask the this question about the second key message, “Do It for Yourself. Do It for Your family.” The Japanese participants did not comment on the second key message but were asked by the moderator. For the Samoan, the second key message was acceptable. And the South Asian participants understood that it is about not only yourself, but how breast cancer can affect your family also. They also like the second key message to be bigger.

Tagline

In regards to the proposed tagline, “Taking charge of your health means you will be there for your family,” the Japanese participants commented that it was negative. For them the tagline sounded too threatening commenting that “if you don’t get a mammogram, you will die or something bad will happen.” They recommend replacing the tag line with one of the Mother’s Day cards message, “Get a Life Saving Check-up. Call today” and list a phone number where they can sign up for a mammogram.

The Hawaiian participants liked the tag line because it is a positive reinforcement of the Hawaiian’s values. “Taking Care Of Yourself,” means the women can take care of their family. The Samoan did not indicate a strong preference either way, and two South Asian two participants liked “taking care” better than “taking charge.” According to focus group participants, it is not customary for South Asian to be proactive. They suggested a new tagline, “Taking care of yourself by taking a x-ray of your breast.”

Text

The Hawaiian participants thought the current text was negative. They did not like the quote; “Eighty percent of the women who get breast cancer have no family history of the disease.” They felt this information would scare readers and give readers information they may not want to know. The participants believed statistics of this sort might turn off Hawaiian women. They may take a fatalistic attitude and give up. Participants also commented that they did not favor comparing ethnic groups. They want to be one people, so if statistics are to be included, then it should say something like, “Rates of breast cancer are high for Asian and Pacific Islander because of late diagnosis.” They suggested adding text, with positive information, stating something to the effect that if the doctor finds a lump, it is not necessarily cancerous to encourage women to get mammography screening.

In addition, the Hawaiian group suggested that the brochure should include information for people who don’t have Medicare since they may read the brochure also. They also suggested including another message to address fears about radiation. Many participants related stories about other people who were afraid of getting a mammography screening because they were afraid the radiation from the mammogram would give them cancer. By discussing the safety, the low level of the radiation exposure, it would ease their fears. Finally, to make the text more positive, the Hawaiian participants said they would like to read reports from survivors. The survivors message would serve a dual purpose: to show that breast cancer is not necessarily fatal and help comfort the survivors, especially for those who have had difficulties in sharing their experience with breast cancer. To the Hawaiian participants, the brochure should be about

educating them on preventive measures such as living a health lifestyle, eating the right foods, and exercising.

The Hawaiian participants also mentioned that they did not like how the order of the questions and answer in the brochure. They made a number of suggestions about changing the order to make it less negative and more positive. For example, they felt opening with statistics was very negative. So they recommended moving the information from panel one, “Are you at risk for breast cancer?” to panel three. By “putting it to the back of the brochure, the brochure would provide basic information up front and less threatening in presentation.” The group further recommended that the information on panel three “Why should I have a mammogram?” “When should I get a mammogram?” and “How will I pay for my mammogram?” should be moved to panel one. The group said providing information in “How will I pay for my mammogram?” will let readers know that mammogram is minimal in cost. The group recommended that the information in panel two “What is a mammogram?” and “What happens during a mammogram?” should remain in the same place.

The Japanese participants thought the text was short, simple, and to the point. They liked the African American statistics to be an AAPI statistics. The participants said the statistics should conclude by saying something like, “Asians and Pacific Islanders have lower rate, so get a mammogram.” The moderator was surprised by this remark and asked if this message would give the reader a false sense of security and thus would not get a mammogram because they are at lower risk. The women responded, “it would be comforting to know that Asians have lower rates [risk], so it may encourage them because it is not so scary.” In addition, they wanted to replace the word “lightly” from the answer section of the “What happens during a mammogram?” In the answer section as currently written, the third sentence says, “the panels will lightly push your breast between them, to get as....” The participants said this is not true, “mammography is painful.” Another women also commented that “it is a shame the brochure isn’t in Japanese.”

The Samoan participants approved of the text. They said the text is positive. However, they wanted to change “What is a mammogram?” to “Are you at risk?” Like other communities, they wanted to know what the causes of cancer are so that they can identify the symptoms for themselves. Furthermore, Samoan participants agreed that if the brochure were in Samoan, they would pick it up and read it.

The South Asian focus group participants said the text was brief and easy to understand. Like the Samoan, they wanted to include more health information on breast cancer, symptoms, and other relevant information.

Pictures Inside the Brochure

In the Japanese focus group, participants wanted a woman technician or doctor to be in the picture rather than a male technician or doctor. They were concerned that if readers saw a male in the picture, the readers might think the male technician or doctor is administering the mammogram machine. And the picture should be an illustration to show what a mammogram looks like and how it is done because a photograph would be too explicit.

As for the Samoan and Hawaiian participants, they wanted to see a picture of a family. The Samoan participants idea of a family picture consists of an Island mother, child and grandmother to be in the first picture box, the second picture box to be a physician and a woman, and the last picture box showing Samoan women. The Hawaiian was not detailed as the Samoan. They would be happy with a family picture because it would urge the mother to get a mammogram. Also, the photographs should show pictures of breast cancer survivors to get the readers hope after breast cancer.

For the South Asians, they strongly emphasized a photograph of beautiful women. The photograph would give the readers the message that it happens to real people. But the photo should have some shock value. Because female health education that involves the body is such a hush-hush topic in their communities, they think readers would voluntarily get a mammogram if they saw a shocking or grotesque picture of women with cancer. Shocking pictures such as a woman losing her hair, in her first or second stage of breast cancer to “show the reality of the disease.” Nice looking photographs of women is said to make the readers feel like there is no need to get a mammogram because “it doesn’t make you feel any risk.” In the first picture box, it could show a pretty woman in her 50s or 60s without breast cancer. In the second picture box, it could show the same woman getting a mammogram and the third picture box could either show a healthy looking woman or a devastating looking woman with breast cancer.

Sticker Concept

Unfortunately, the sticker concept was only tested in one focus group, the Hawaiian group. Moderators for the Japanese, Samoan and South Asian neglected to ask the participants this question. Fortunately, the Hawaiian participants really like the idea of a Hawaiian sticker placed on the English-AAPI brochure. They suggested that the sticker read, “No Kâkou Ke Kuleana! (The Responsibility is Ours!). And that the sticker should be to be placed above the logo.

Preferences in Color, Folding, Paper, and Font of Brochure

For the Pacific Islander groups (Hawaiian and Samoan), they made similar comments that the colors in the brochure to reflect the colors of their homeland. In the Samoan group, participants who preferred dark blue and baby blue said these colors symbolizes the Pacific Ocean, the Sea and the Sky. According to participants their selection of colors naturally reflects the warmth of the sea, and the vegetation of the land, and the wide Pacific Ocean that surrounds the island. Green and brown are colors of the Samoan Island, and these are the colors the participants agreed they liked best. Hawaiian participants said they like earth tones such as green, orange, yellow, red, pink, or tan. Some participants commented that the proposed blue color for the brochure was too depressing. Instead, brighter colors such as yellow, red, or orange would “perk up” the brochure. The Hawaiian women also liked the dark green as seen in the California State BCEDP brochure seemed to be the favorite color out of all the colors suggested. Green, the color of the Hawaiian environment is “very cooling and inviting.” The women further added that it signifies that “you take care of yourself, you take care of the land too...”

In the Japanese focus group, many of the women seemed to prefer the green on the CMRI brochure because it did not reflect light as much as the State BCEDP brochure. But after learning that pink was associated with breast cancer, eight of the ten Japanese participants prefer the pink color rather than green. The South Asians participants preferred dark colors. They did not like the blue because it is a serene color that “takes you away from reality” and “you tend to forget it because it has a calming sensation.” Instead, they suggested dark colors such as burgundy or magenta because the color is sharper than blue.

As for color of the paper, the Hawaiian group did not mention their preference. However, the Japanese group was concerned about the glossiness of the paper. The glossy paper gives the impression that it is important, but because they wear glasses they don’t like it when it reflects light especially if they are wearing bifocal glasses. The brown beige or muted white background was suggested instead. For the South Asian and Samoan group, the brown color of CMRI’s “Get a Mammogram” brochure was fine with them.

As for the folding style of the brochure, the Japanese group and South Asian groups said that they liked the tri-fold because it is small and they can put it in their purse. Neither the Hawaiian nor Samoan group indicated a preference. None of the participants commented on the texture of the brochure. And in regards to the font size, the Japanese and Samoan group liked the fonts to be large but did not indicate if the CMRI brochure font to be large.

VI. LESSONS LEARNED

The focus groups were successful, but also challenging. The decision to subcontract with community-based organizations or community leaders, overall, was a very good one. PALS/PFP/NAPCA was able to engender much goodwill and support from the community by subcontracting and involving the community based organizations that will ultimately take responsibility for disseminating the brochures from the beginning. Using this strategy, we were able to address the criticism that most community-based organizations have voiced about similar projects in the past, saying that they were not consulted about the development of materials, only the dissemination, after the materials have been developed. In terms of challenges, we were not able to involve Central and Northern California stakeholders as much as would have been optimal.

For the most part, the focus group moderators completed their work on a timely basis. They were able to do an excellent job in recruiting elder women to participate. The Chinese, Filipino and Vietnamese moderators were also greatly successful in recruiting health care providers (e.g., physicians, nurses, education and outreach workers) to participate in the focus groups. This was a particularly important success. It is often said that these groups of women are difficult to reach. By working with community leaders, the elder women can be successfully identified and recruited to participate in focus groups. By being the same ethnicity and speaking the same language, the focus group moderators were able to engage the elder women in illuminating conversations about their preferences about the style, color, content about the information, and they were very clear about their preferences for emphasizing family. Their words and observations greatly informed the development of the brochure and resulted in small, but significant edits, and placed a greater emphasis on visual images than had been originally anticipated. We are clear that without community involvement, it would be far more difficult to recruit elder women, and draw out such comprehensive and thorough findings in such a short period of time.

The challenges in conducting the focus groups were also significant. While the subcontractors did an excellent job in recruiting elder women, there were more problems in conducting consistently quality groups. The management of some of the subcontractors required a great more time than originally anticipated. There were several reasons for this. While we required that the subcontractors have their focus group moderator training, unbeknownst to us, not all the subcontractors were able to comply. In the instances where there were different staff conducting the focus groups, the project coordinator was forced to take a much more hands-on role in conducting groups and training and retraining the actual focus group moderators.

Furthermore, a number of the focus group moderators were inexperienced in conducting focus groups. While PALS/PFP/NAPCA set up the focus group training as a means of remedying that lack of experience, in retrospect, we would have had much more extensive training, and given the moderators more opportunities to practice conducting the groups. And, for the Chinese, Filipino and Vietnamese moderators, where they conducted a number of focus groups, we would have had more meetings in between the groups so that the moderators could improve their skills by sharing what had succeeded and where they had struggled.

This is an issue that will continue to be a problem among Asian and Pacific Islander communities. Unfortunately, there has not been consistent funding for health promotion efforts in each of the communities to sustain the development of health education/social marketing infrastructure, where there would be a set of trained personnel to undertake these types of information-gathering efforts. This project represented an important opportunity to show that community leaders could be recruited to take on this type of work. However, still more needs to be done to develop a consistent effort to obtain information from these women.

Conducting focus groups is a new skill to these communities, and more time should be taken in training focus group moderators, in the hopes that the information would be high-quality, and the communities could undertake more community-based efforts at documenting their health needs in a consistent and valid manner. In retrospect, we would spend more time conducting focus group training, bring the moderators together more frequently to discuss findings as well as challenges, and review and refine procedures. It probably would have been better to conduct more focus groups with all of the groups of women.

Furthermore, by extending the focus group schedule, we also would have had greater opportunities to test revised version of the logo and the text with other groups of women. Since the women had strong reactions about the API logo, extensive changes were made. It would have been better to test various iterations of the logo, text and layouts with the elder women focus group participants throughout a longer time period to better ascertain preferences about the brochures and their effectiveness.

While all the groups were enthusiastic, the focus group moderators for the Japanese Samoan and South Asian groups all expressed interest in seeing the future versions of the brochure translated into (respectively, Japanese, Samoan and Hindi and/or Punjabi). At different points, they indicated that translated materials would be more helpful to their outreach work with elders. Furthermore, we consistently heard from Korean community based organizations and community leaders, stating that the Korean community needed these materials as well. PALS/PFP/NAPCA will continue to consult with different Asian and Pacific Islander community based organizations and community leaders about creating more opportunities for outreach to all underserved women.